

Historic, Archive Document

Do not assume content reflects current scientific knowledge, policies, or practices.

NATIONAL ANALYSTS
A Division of Booz·Allen
& Hamilton Inc.

ID

1~5

Study #: 09010-073-003
OMB #: 0586-0014
Expires: Feb. 29, 1992

2

aTX360
.U6N385
1991

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS - 1991

1991

UNITED STATES DEPARTMENT OF AGRICULTURE

Screening Form

8~15
16~18

Screening
Respondent
Full Name:

Telephone #: - (CHECK BOX IF NO TELEPHONE):

(Area Code) (Number)

Interviewer's Name:

Interviewer's ID #:

--	--	--

 Date:

--	--

--	--

1	9	9	
---	---	---	--

19~22

(Month) (Day) (Year) 23~28

INTRODUCTION: (ASK TO SPEAK WITH THE WOMAN OF THE HOUSE AND/OR MAIN MEAL PLANNER/PREPARED. IF NOT AVAILABLE, ASK TO SPEAK WITH KNOWLEDGEABLE ADULT)
Hello, I am _____ from National Analysts. We are conducting a food survey for the United States Department of Agriculture. We are talking to people about what they eat and drink. Your household has been selected to take part in this interesting and important study. (SHOW USDA LETTER) This letter tells you more about the study. As the letter indicates, everything you say will be kept confidential. All information will be reported as statistics only.

S1. To begin, how many people regularly live in this household? Count those who usually live here, including those who are temporarily absent, that is, traveling, in a hospital, at camp or similar places. Exclude persons living away at school or other institutions.

NUMBER OF PEOPLE:

29~30

S2. How many of these household members are: (READ AGE CATEGORIES. ENTER NUMBERS BELOW. TOTAL NUMBER OF PEOPLE SHOULD EQUAL NUMBER IN Q.S1)

(READ)

Under 15 years?	31~32
15 to 24 years?	33~34
25 to 44 years?	35~36
45 to 64 years?	37~38
65 years or over?	39~40
TOTAL # OF PEOPLE	41~42

S2a.

(CIRCLE # OF PEOPLE IN HOUSEHOLD FROM Q.S1 IN INCOME GRID BELOW) What was the total income received last month by all members of this household before taxes and other deductions? Do not include food stamps or WIC (Women, Infants and Children Program) benefits. Do include salaries and wages, Social Security, other benefit checks and the like. (RECORD AMOUNT IN BOX FOR MONTHLY INCOME BELOW NUMBER OF PERSONS CIRCLED)

Number of People 43~44	1	2	3	4	5	6	7	8	9	10
Monthly Income										
Income Limit 45~48	\$717	\$962	\$1,207	\$1,452	\$1,696	\$1,941	\$2,186	\$2,431	\$2,676	\$2,921
Number of People	11	12	13	14	15	16	17	18	19	20
Monthly Income										
Income Limit	\$3,166	\$3,410	\$3,655	\$3,900	\$4,145	\$4,390	\$4,634	\$4,879	\$5,124	\$5,369

- IF INCOME RECORDED IS GREATER THAN INCOME LIMIT FOR NUMBER OF PEOPLE IN HOUSEHOLD, TERMINATE — HOUSEHOLD RESULT OF CALL CODE 4
- IF INCOME IS SAME OR SMALLER, CONTINUE WITH Q.S3

S3. Are you the person most responsible for planning or preparing the meals?

Yes	1
No	2

IF YES: RECORD NAME OF RESPONDENT: _____

IF NO: ASK TO SPEAK WITH PERSON MOST RESPONSIBLE FOR PLANNING OR PREPARING MEALS AND REPEAT INTRODUCTION. MAKE APPOINTMENT TO COME BACK, IF NECESSARY

BEGIN INTERVIEW WITH MEAL PLANNER/PREPARER

50~51 52~55 56~59 60 HOUSEHOLD RESULT OF CALL RECORD 61~62

CALL #	DATE	TIME	AM	PM	RESULT CODE* (SEE BELOW)	RECORD REASONS HERE
1			1	2		
2			1	2		
3			1	2		
4			1	2		
5			1	2		
6			1	2		
7			1	2		
8			1	2		
9			1	2		
10			1	2		
11			1	2		
12			1	2		

*Household Result of Call Codes

1. Household eligible, interview completed
2. Household eligible, interview appointment made
3. Household eligible, interview appointment not yet made
4. Household ineligible, income too high (Q.S2a)
5. Household eligible, participation refused (RECORD REASONS ABOVE)
6. Telephone busy (CALL AGAIN IN 1/2 HOUR)
7. Telephone out of order
8. Screening refused before eligibility determined (RECORD REASONS ABOVE)
9. Screening appointment made (RECORD DATE/TIME ABOVE)
10. No one home/No answer after 10 rings
11. Language barrier (IDENTIFY LANGUAGE ABOVE)
12. Vacant/Not a housing unit
13. Other (SPECIFY ABOVE)

IF FINAL
RESULT,
ANSWER
NON-
RESPONSE
QUESTIONS
ON PAGE 4

INDIVIDUAL INTAKE RESULT OF CALL RECORD

PERSON LINE #	PERSON'S FIRST NAME	DAY 1 RECORD (CIRCLE CODE FOR EACH PERSON)			DAY 2 & 3 RECORD (CIRCLE CODE FOR EACH PERSON)		
		OBTAINED	NOT OBTAINED:	REASON	OBTAINED	NOT OBTAINED:	REASON
01 10~11		1 12	2		1 13	2	
02 14~15		1 16	2		1 17	2	
03 18~19		1 20	2		1 21	2	
04 22~23		1 24	2		1 25	2	
05 26~27		1 28	2		1 29	2	
06 30~31		1 32	2		1 33	2	
07 34~35		1 36	2		1 37	2	
08 38~39		1 40	2		1 41	2	
09 42~43		1 44	2		1 45	2	
10 46~47		1 48	2		1 49	2	
11 50~51		1 52	2		1 53	2	
12 54~55		1 56	2		1 57	2	
13 58~59		1 60	2		1 61	2	
14 62~63		1 64	2		1 65	2	
15 66~67		1 68	2		1 69	2	
16 70~71		1 72	2		1 73	2	

END CARD 02

TRANSMITTAL FORM	
<u>Cooperating Household</u>	<u>Noncooperating Household</u>
↓	
YOU ARE ENCLOSING:	
<input type="checkbox"/> Screening Form <input type="checkbox"/> Household Questionnaire <input type="checkbox"/> Respondent Payment Record <input type="checkbox"/> # Day One Intake Records <input type="checkbox"/> # Day Two/Three Intake Records	<input type="checkbox"/> Screening Form only (Nonresponse questions on page 4 completed)

INTERVIEWER: PLEASE COMPLETE THESE QUESTIONS IF FINAL HOUSEHOLD RESULT OF CALL ON PAGE 2 IS A CODE 5 THROUGH 11 OR CODE 13. ANSWER Q'S 4 TO 9 BASED ON YOUR CONTACT WITH THE HOUSEHOLD. IF YOU HAVE NOT MADE CONTACT, GET INFORMATION FROM A NEIGHBOR

1. Describe in detail why this household is nonresponsive or not willing to participate in the survey.
2. Who, if anyone, did you speak with? What is this person's name and who is she/he in the household (e.g., son of female head, main meal planner/preparer)?

NAME: _____ POSITION: _____

Did not/Could not speak with anyone in the household	10 1
Was refused permission to enter building -- never got to the specific housing unit	2

3. What might we do or say to complete a screening or have this household participate in the survey?
4. To the best of your knowledge, would you say this household is:

White, or	1
Nonwhite?	2

5. To the best of your knowledge, would you say this household is of:

Spanish origin, or	12 1
Non-Spanish origin?	2

ANSWER Q'S 6 TO 9 ONLY IF YOU COULD NOT COMPLETE SCREENING QUESTIONNAIRE

6. In your judgment, is the male head of household:

Under 50 years, or	13 1
50 years old or older?	2

7. In your judgment, is the female head of household (woman of the house):

Under 50 years, or	14 1
50 years old or older?	2

8. To the best of your knowledge, are there any children in the household 18 years old or less?

Yes	15 1
No	2

9. In your judgment, is this household:

Very well off,	16 1
Middle income, or	2
Not well off at all?	3

ID _____

1~5

NATIONAL ANALYSTS
 A Division of Booz·Allen &
 Hamilton Inc.

Study #: 09010-073-003
 OMB #: 0586-0014
 Expires: Feb. 29, 1992

CARD 04 6~7

aTX360
 U6N385
 1991



CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS -- 1991

UNITED STATES DEPARTMENT OF AGRICULTURE

- Household Questionnaire -

23

(TRANSFER INFORMATION FROM SCREENER INTO
 SHADED AREA)

Segment #:	[]	[]	[]	[]	[]	H.U. #:	[]	[]
	6-15						16-18	
Respondent's First Name Only: _____								

Time Interview Began:	AM	1
	PM	2
Time Interview Ended:	AM	1
	PM	2

28

Date: [] [] [] [] []
 (Month) (Day) (Year)
 29~30 31~32 33~34

Interviewer's Name: [] [] [] [] [] [] [] [] [] []

Interviewer I.D. #: [] [] [] []
 35~38

INTRODUCTION (USE IF NECESSARY): Hello, my name is _____. I am from National Analysts. I spoke with _____ regarding the food consumption study we are conducting for the United States Department of Agriculture. Is she at home? (IF NOT AT HOME, IDENTIFY CALLBACK TIME)

Callback Date/Time: _____

IF ASKED: We are talking to people about what they eat and drink and about the characteristics of their households. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. The survey is authorized by law. (IF ASKED, SAY: National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178.)

All information will be kept confidential, and results are reported as summaries only.

DUP 1~5
CARD 08 6~7

Line #	Col. A First Name	Col. B Relation- ship to Head of Household	Col. C Age		Col. D		Col. E Sex	Col. F Hispanic Origin		
			Under 12 Months	1 Year or Over	M	F		Yes	No	
			Enter Months	Enter Years				1	2	
			1	18				19	20	
1 10~11		12~13	14~15	16~17	1	2		1	2	
2					1	2		1	2	
3					1	2		1	2	
4					1	2		1	2	
5					1	2		1	2	
6					1	2		1	2	
7					1	2		1	2	
8					1	2		1	2	
9					1	2		1	2	
10					1	2		1	2	
11					1	2		1	2	
12					1	2		1	2	
13					1	2		1	2	
14					1	2		1	2	
15					1	2		1	2	
16					1	2		1	2	

1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say:

3 9

More than once a week,	1
Once a week,	2
Once every two weeks,	3
Once a month or less, or	4

CONTINUE

(SKIP TO Q.4)

5

2. In what kind of store is this major food shopping usually done? Is it:

4 0

(CIRCLE ONLY ONE)

A supermarket,	1
A small store, or	2
Someplace else?	3

3. Thinking of the (TYPE OF OUTLET NAMED IN Q.2) where the major food shopping for this household is usually done, how far from your home is this store? (PROBE FOR BLOCKS OR MILES FROM HOME)

(WRITE #) 41~44 (CIRCLE)

Blocks, or	1
Miles	2
Don't know	8

4. How much money has this household spent per week or per month during the last three months at the grocery store? Include purchases made with food stamps. (ENTER AMOUNT AND CIRCLE A CODE)

4 9

\$ 46~48 .00

Per week	1
Per month	2

5. You said this household spent (AMOUNT IN Q.4) per (week/month). About how much of this amount, if any, was for nonfood items, such as cleaning or paper products, food bought for feeding a pet or cigarettes? (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

5 3

Per week	1
Per month	2

6. How much has this household spent per week or per month during the last three months at specialty stores -- such as bakeries, liquor stores, delicatessens, meat markets, vegetable stands, health food stores, and other similar places? Include any expenditures from carryout places when the food was brought into your home. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

5 7

Per week	1
Per month	2

7. What has been this household's usual amount of money spent per week or per month during the last three months for food bought and eaten away from home? Include food and beverages that never entered your home, that is, eaten at restaurants, fast-food eating places, cafeterias at work or at school, purchased from vending machines, or received from day care centers, for all household members. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

6 1

Per week	1
Per month	2

8. Now I have a few questions about the persons who live in this household. First, how many persons regularly live in this household? Count those who live here permanently including those who are temporarily absent, such as traveling or in the hospital.

(ENTER NUMBER HERE:
AND CIRCLE LINE #
ON FLAP)

62~63

9. Is there a male head of household?

	Yes	1
(SKIP TO Q.15)	No	2

10. What is (his/your) first name?
(RECORD ON FLAP IN COL. A.
WRITE "MALE HEAD" IN COL. B)

11. How old (is he/are you)?
(RECORD ON FLAP IN COL. C.
CIRCLE "1" IN COL. D)

12. What is the highest grade or
year of regular school (he
has/you have) ever attended?
(CIRCLE CODE FOR HIGHEST GRADE
OR YEAR)

(SKIP TO Never attended school or
Q.14 kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

13. Did (he/you) complete that
grade or year?

Yes	1
No	2

14. (SHOW CARD A) What is (the race
of the male head of household/
your race)? Just tell me the
number that applies. (RECORD
ON FLAP IN COL. E)

15. Is there a female head of
household? (IF NECESSARY, SAY:
For the purposes of this
survey, the female head of
household is the woman who other
household members think of as
being in charge of household
matters, that is, the woman of
the house.)

Yes	1
(SKIP TO INSTRUCTIONS BEFORE Q.22)	No 2

16. What is (your/her) first name?
(RECORD ON FLAP IN COL. A.
WRITE "FH" IN COL. B)

17. (IF NO MALE HEAD, SKIP TO Q.18.
OTHERWISE, ASK:)

How are you (is she) related to
PERSON LISTED ON LINE 1?

(RECORD ON FLAP IN COL. B)

18. How old (are you/is she)?
(RECORD ON FLAP IN COL. C.
CIRCLE "2" IN COL. D)

19. What is the highest grade or
year of regular school (you
have/she has) ever attended?
(CIRCLE CODE FOR HIGHEST GRADE
OR YEAR)

(SKIP TO Q.21)	<u>Never attended school or</u> <u>kindergarten only: 0</u>
	<u>Elementary:</u> 1 2 3 4 5 6 7 8
	<u>High school:</u> 9 10 11 12

15~16

20. Did (you/she) complete that
grade or year?

Yes	1
No	2

21. (SHOW CARD A) What is (the race
of the female head of household/
your race)? Just tell me the number that
applies. (RECORD ON FLAP IN
COL. E)

IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO Q.26. OTHERWISE, CONTINUE

22. Now I would like to know about the other related people who regularly live here, starting with the oldest, and so on to the youngest. Start with the oldest.

- 1) What is his or her first name? (RECORD ON FLAP IN COL. A)
- 2) How is (NAME) related to (PERSON LISTED ON LINE 1)? (RECORD ON FLAP IN COL. B)
- 3) How old is (NAME)? (RECORD ON FLAP IN COL. C)
- 4) (CIRCLE CODE FOR SEX IN COL. D ON FLAP; SAY:) "Now the next oldest"

IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO INSTRUCTIONS BEFORE Q.24; OTHERWISE, CONTINUE

23. Now tell me about the rest of the persons who regularly live here. (FOLLOW PROCEDURE USED IN Q.22 UNTIL NUMBER OF PEOPLE LISTED ON FLAP EQUALS NUMBER GIVEN IN Q.8)

LOOK AT COL. E ON FLAP:

- IF THERE ARE BOTH A MALE HEAD AND A FEMALE HEAD
 - AND THE CODE NUMBERS IN COL. E ARE DIFFERENT, SKIP TO Q.25
 - AND THE CODE NUMBERS IN COL. E ARE THE SAME, ASK Q.24
- IF THERE IS ONLY A MALE OR A FEMALE HEAD, ASK Q.24

24. Is there anyone in this household that is of a different race than the male or female head?

18

	Yes	1
(SKIP TO Q.26)	No	2

25. (SHOW CARD A) Which number on this card describes the race of (NAME OF OLDEST)? (REPEAT FOR EACH PERSON AND RECORD ANSWERS ON FLAP IN COL. E)

26.

Is there anyone in this household who is of Hispanic (Spanish) origin or descent?

	19
Yes	1
(SKIP TO Q.28)	No 2

27. Is (PERSON ON LISTED LINE #) of Hispanic (Spanish) origin or descent? (REPEAT FOR EACH PERSON AND CIRCLE CODE ON FLAP IN COL. F)

28. RECORD RESPONDENT'S LINE NUMBER FROM FLAP HERE: 20~21

LOOK AT FLAP. RECORD NAME OF MALE HEAD IN LEFT COLUMN AND FEMALE HEAD IN RIGHT COLUMN BELOW. THEN FIND ALL OTHER HOUSEHOLD MEMBERS WHO ARE 15 YEARS OLD OR OLDER AND RECORD THEIR LINE NUMBER AND NAME AT THE TOP OF THE COLUMNS ON PAGES 5 TO 6. ASK Q's 29 TO 32 IN SEQUENCE FOR EACH

MALE HEAD'S NAME: _____

Line #: _____
22~23

29. (SHOW CARD B) Which of these activities best describes what (you were/NAME was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.31a) 24

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

C
O
N
T
I
N
U
E

FEMALE HEAD'S NAME: _____

Line #: _____
31~32

29. (SHOW CARD B) Which of these activities best describes what (you were/NAME was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.31a) 33

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

25

Yes	1
No	2

31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

OF HOURS: _____
26~27

31b. How many hours do (you/he/she) usually work?

OF HOURS: _____
28~29

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0

30

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

34

Yes	1
No	2

31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

OF HOURS: _____
35~36

31b. How many hours do (you/he/she) usually work?

OF HOURS: _____
37~38

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0

39

GO TO NEXT PERSON OR Q.33

GO TO NEXT PERSON OR Q.33

LINE #: NAME: 64~6529. (SHOW CARD B) Which of these activities best describes what (you were/NAME was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.31a)

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

LINE #: NAME: 76~7729. (SHOW CARD B) Which of these activities best describes what (you were/NAME was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.31a)

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or ⁶⁷ farm?

Yes 1

(SKIP TO Q.32) No 2

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or ⁶⁷ farm?

Yes 1

(SKIP TO Q.32) No 2

31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

OF HOURS: 68~69

31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

OF HOURS: 80~81

31b. How many hours do (you/he/she) usually work?

OF HOURS: 70~71

31b. How many hours do (you/he/she) usually work?

OF HOURS: 82~83

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0 ⁷²

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0 ⁸⁴32a. What is the highest grade or year of regular school (NAME) ever attended?GO TO NEXT PERSON OR Q.33
Never attended school or Kindergarten only: 0
Elementary: 1 2 3 4 5 6 7 8
High school: 9 10 11 12
College: 1 2 3 4 5+ ^{73~74}GO TO NEXT PERSON OR Q.33
Never attended school or kindergarten only: 0
Elementary: 1 2 3 4 5 6 7 8
High school: 9 10 11 12
College: 1 2 3 4 5+ ^{85~86}32b. Did (NAME) complete that grade ⁷⁵ or year?Yes 1
No 232b. Did (NAME) complete that grade ⁷⁵ or year?Yes 1
No 2

GO TO NEXT PERSON OR Q.33

GO TO NEXT PERSON (ON SLIP SHEET)
OR TO Q.33

33. In regard to this dwelling, is the property:

88

Owned outright or being bought by someone living in this household,	1
Rented with payment required, or	2
Occupied without payment of rent required?	3

34. Returning to the topic of food, who usually plans the meals? (CIRCLE ONE CODE IN COL. Q.34 BELOW)

35. Who usually does the major food shopping? (CIRCLE ONE CODE IN COL. Q.35 BELOW)

36. And who usually prepares the food? (CIRCLE ONE CODE IN COL. Q.36 BELOW)

	COL. Q.34 89	COL. Q.35 90	COL. Q.36 91
The female head only	1	1	1
The male head only	2	2	2
The female and the male heads	3	3	3
The female head and someone else (SPECIFY)	4	4	4
The male head and someone else (SPECIFY)	5	5	5
Someone other than these (SPECIFY)	6	6	6

END CARD 05

CHECK FLAP. IF ANY WOMEN 12 TO 55 YEARS OF AGE, ASK Q.37. ALL OTHERS, SKIP TO INSTRUCTIONS BEFORE Q.40

37. Are any women in this household now pregnant?

10

Yes	1
No	2

(SKIP TO INSTRUCTIONS BEFORE Q.40)

38. Please tell me who. (CIRCLE CODE NUMBER IN COL. Q.38 BELOW FOR EACH PREGNANT WOMAN)

39. In which month of pregnancy (are you/is NAME)? (ENTER MONTHS IN COL. Q.39 BELOW FOR EACH PREGNANT WOMAN)

INSTRUCTIONS

CHECK FLAP. IF ANY CHILDREN 3 YEARS OLD OR LESS, ASK Q's 40 TO 42 FOR EACH. ALL OTHERS, SKIP TO Q.43

40. Was (CHILD'S NAME) ever breast-fed? (CIRCLE CODE NUMBER IN COL. Q.40 BELOW FOR EACH CHILD)

41. (IF "YES" IN Q.40, ASK:) For how many months was (he/she) breast-fed? (ENTER MONTHS IN COL. Q.41. CIRCLE CODE "50" IF STILL BEING BREAST-FED)

42. (IF STILL BEING BREAST-FED:) Please tell me the name of the woman who is breast-feeding (CHILD'S NAME). (ENTER WOMAN'S LINE NUMBER IN COL. Q.42 ON CHILD'S LINE)

43.

Is any member of this household receiving benefits under the Women, Infants and Children (WIC) Program at the present time?

11

Yes	1
No	2
Don't know	8

(SKIP TO INSTRUCTIONS AT TOP OF PAGE 10)

44a. Please tell me who in this household is receiving WIC benefits. (CIRCLE CODE NUMBER IN COL. Q.44a FOR EACH PERSON WHO IS RECEIVING WIC BENEFITS)

44b. How long has (NAME) been receiving WIC benefits? (WRITE NUMBER AND CIRCLE CODE IN COL. Q.44b)

WOMEN 12 TO 55 YEARS			CHILDREN 1 TO 5 YEARS				ALL					
Line #	Now Pregnant	Number of Months Pregnant	Child Ever Breast-Fed		Number of Months Breast-Fed	Line # of Woman Breast-Feeding	WIC Benefits	NUMBER OF:				
			COL. Q.39					COL. Q.44a	COL. Q.44b			
			Yes	No				Mos.	Yrs.			
1	1 21	22	1 23	2	50	26~27	1 28	29~30	1 31 2			
2	1		1	2	50		1		1 2			
3	1		1	2	50		1		1 2			
4	1		1	2	50		1		1 2			
5	1		1	2	50		1		1 2			
6	1		1	2	50		1		1 2			
7	1		1	2	50		1		1 2			
8	1		1	2	50		1		1 2			
9	1		1	2	50		1		1 2			
10	1		1	2	50		1		1 2			
11	1		1	2	50		1		1 2			
12	1		1	2	50		1		1 2			
13	1		1	2	50		1		1 2			
14	1		1	2	50		1		1 2			
15	1		1	2	50		1		1 2			
16	1		1	2	50		1		1 2			

THIS PAGE IS INTENTIONALLY BLANK

CHECK FLAP. IF ANY CHILDREN BETWEEN 5 AND 18 YEARS, ASK Q'S 45 TO 52 IN SEQUENCE FOR EACH AGE-ELIGIBLE CHILD. ALL OTHERS, SKIP TO INSTRUCTIONS ON PAGE 11

45. Now I would like to talk about school breakfast and lunch programs. Does CHILD'S NAME attend a kindergarten, grade school, junior or high school? (CIRCLE CODE IN COL. Q.45. IF "NO," GO TO NEXT CHILD. IF LAST CHILD, SKIP TO Q.53)

46. Does CHILD'S NAME attend a school which serves school lunches? These are complete lunches costing a fixed price every day. (CIRCLE CODE IN COL. Q.46. IF "NO," SKIP TO Q.49)

47. During the school year, approximately how many times a week does (he/she) usually get a complete school lunch? (RECORD IN COL. Q.47. IF NONE, ENTER "0" AND SKIP TO Q.49)

48. Does (he/she) get these lunches free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.48)

49. Does CHILD'S NAME attend a school which serves a complete breakfast costing a fixed price each day? (CIRCLE CODE IN COL. Q.49. IF "NO," SKIP TO Q.52)

CHILDREN 5 TO 18 YEARS

Line #	COL. Q.45		COL. Q.46		Number of Times a Week	COL. Q.48				COL. Q.49		Line #		
	Attends School		Complete Lunches			Lunch Prices				Complete Breakfast				
	Yes	No	Yes	No		Free	Reduced	Full Price	Don't Know	Yes	No			
1												1		
2	1	3	2	1	3	2	3	4	1	2	3	5	3	
3	1		2	1		2			1	2	3		2	
4	1		2	1		2			1	2	3		4	
5	1		2	1		2			1	2	3		5	
6	1		2	1		2			1	2	3		6	
7	1		2	1		2			1	2	3		7	
8	1		2	1		2			1	2	3		8	
9	1		2	1		2			1	2	3		9	
10	1		2	1		2			1	2	3		10	
11	1		2	1		2			1	2	3		11	
12	1		2	1		2			1	2	3		12	
13	1		2	1		2			1	2	3		13	
14	1		2	1		2			1	2	3		14	
15	1		2	1		2			1	2	3		15	
16	1		2	1		2			1	2	3		16	

50. During the school year, approximately how many times a week does (CHILD'S NAME) usually get a complete breakfast at school? (RECORD IN COL. Q.50. IF NONE, ENTER "0" AND SKIP TO Q.52)

51. Does (he/she) get these breakfasts free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.51)

52. What is the name of the school that (CHILD'S NAME) attends? (GO TO NEXT CHILD OR INSTRUCTIONS BELOW)

INSTRUCTIONS

CHECK FLAP. IF ANY CHILDREN BETWEEN 1 AND 5 YEARS, ASK Q.53. ALL OTHERS, SKIP TO Q.54.

53. Does (CHILD'S NAME) attend a child care program which gives (him/her) any meals or snacks? (CIRCLE CODE IN COL. Q.53 FOR EACH CHILD BETWEEN 1 AND 5 YEARS)

CHILDREN 5 TO 18 YEARS													
		COL. Q.50	COL. Q.51				COL. Q.52		COL. Q.53				
Line #	Number of Times a Week	Breakfast Prices				Name of School Attended	Child Care Meals/Snacks		Yes	No	Line #		
		Free	Reduced	Full Price	Don't Know								
1												1	
2	37	1	2	38	3	8			39~41	1	2	2	
3		1	2	3	8					1	2	3	
4		1	2	3	8					1	2	4	
5		1	2	3	8					1	2	5	
6		1	2	3	8					1	2	6	
7		1	2	3	8					1	2	7	
8		1	2	3	8					1	2	8	
9		1	2	3	8					1	2	9	
10		1	2	3	8					1	2	10	
11		1	2	3	8					1	2	11	
12		1	2	3	8					1	2	12	
13		1	2	3	8					1	2	13	
14		1	2	3	8					1	2	14	
15		1	2	3	8					1	2	15	
16		1	2	3	8					1	2	16	

54. Which one of the following statements best describes the food eaten in your household:

(READ)

12

Enough of the kinds of food we want to eat,	1
Enough but not always what we want to eat,	2
Sometimes not enough to eat, or	3
Often not enough to eat?	4

55. Does anyone in this household operate a farm or ranch?

13

	Yes	1
(SKIP TO Q.57)	No	2

56. During the past calendar year (1990), did sales of crops, livestock and other farm products from this place amount to \$1,000 or more?

14

	Yes	1
	No	2

57. (HAND CARD D) Please look at this card for a moment and think about the various sources from which members of this household received income in (NAME OF LAST MONTH). Keeping all these sources in mind, what was this household's total income last month before taxes and other deductions?

\$.00 15~20

58. For each of the sources on this card, please tell me whether any member of this household received income in the last month from: **READ AND CIRCLE CODE FOR EACH IN COL. Q.58 BELOW**

59a. (FOR EACH CODE 1 IN ITEMS a THROUGH f OF Q.58, ASK:) What was the total income received last month by all members of your household — before taxes and other deductions — from (SOURCE)? (RECORD AMOUNT IN COL. Q.59a BELOW)

59b. (FOR EACH CODE 1 IN ITEM g OR h OF Q.58, ASK:) What was the total income received last year by all members of your household — before taxes and other deductions — from (SOURCE)? (RECORD AMOUNT IN COL. Q.59b BELOW)

(READ)	COL. Q.58		COL. Q.59a
	Yes	No	Amount
a. Wages or salary from a job including tips or commissions?	1	2	\$
	2	1	22~28
b. Any Social Security or Supplemental Security income?	1	2	\$
	2	9	30~35
c. Income from pension or retirement?	1	2	\$
	3	6	37~42
d. Unemployment or Workmen's Compensation?	1	2	\$
	4	3	44~49
e. AFDC, general assistance or other public assistance program? (Do not include food stamps or WIC benefits)	1	2	\$
	5	0	51~56
f. Other sources, such as alimony, child support, rent from a roomer or boarder, and the like?	1	2	\$
	5	7	58~63
			COL. Q.59b
g. Spendable income from your own business or farm last year?	1	2	\$
	6	4	65~71
h. Spendable interest, dividends, annuities last year?	1	2	\$
	7	2	73~79

END CARD 06

NOTES

72. Is your major source of home drinking water bottled or from the tap (faucet)? ⁵⁸

(SKIP TO Q.74)	Bottled	1
	Tap	2

73. What is the source of your home tap water? ⁵⁹

Private or public water company	1
Private or public well	2
Spring	3
Don't know	8

74. (BY OBSERVATION:) The members of this household live in: ⁶⁰

A. Single housing unit	1
B. Group quarters	2
C. Rooming house	3
D. Other (SPECIFY)	0

aTX360
.U6N385
1991

Segment #:

--	--	--	--	--	--	--	--	--	--

 8~15

Housing Unit #:

--	--	--

 16~18

Person line #:

--	--

 19~20

Interviewer #:

--	--	--	--

 21~24



FOR INTERVIEWER'S USE ONLY

Time began:

AM	1
PM	2

 25~28

AM	1
PM	2

AM	1
PM	2

Time ended:

AM	1
PM	2

 30~33

AM	1
PM	2

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS — 1991
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY ONE

This record is for: _____
PERSON'S FIRST NAME

This person's date of birth is:

--	--

--	--

--	--	--	--

MONTH
35~36

DAY
37~38

YEAR
39~40

DAY ONE is from 12:00 AM to 11:59 PM yesterday. That date was:

41

(CIRCLE
NUMBER
FOR DAY
OF WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

--	--

--	--

MONTH
42~43

--	--

DAY
44~45

1	9	9	
---	---	---	--

YEAR
46~47

Your cooperation is entirely voluntary. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. This survey is authorized by law. (IF ASKED, SAY: National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178.)

All information will be kept confidential and will be reported as statistics only.

DAY ONE

INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARE
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 49 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had yesterday, that is, beginning after 12:00 AM midnight.

WHEN?

1. Starting with the (first/next) time you ate or drank something yesterday, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

WHAT CALLED?

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast	4. Dinner	6. Snack/beverage break/happy hour
2. Brunch	5. Supper	7. Infant feeding
3. Lunch		0. Something else (DESCRIBE IN COL. Q.2)

WITH WHOM?

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone
2. With other household member(s)
3. With nonhousehold member(s)
4. With both household and nonhousehold members

WHAT FOODS/DRINKS?

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)

5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET -- FIB)

QUANTITY CONSUMED?

6a. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6a. USE MEASURING UTENSILS AND FIB)

6b. FOR INTERVIEWER ONLY: ENTER A NUMBER IN COL. Q.6b TO INDICATE HOW QUANTITY IN Q.6a WAS ESTIMATED

1. Measuring cup used	5. Amount reported from actual package weight
2. Measuring spoon used	6. Other (DESCRIBE IN COL. Q.6b)
3. Ruler used	
4. Household cup, bowl, glass measured	7. No measuring aids used

FOOD SOURCE?

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home
2. Brought into your home, but later eaten away from home
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From fast-food/carryout place
2. From Meals on Wheels
3. From some other place

DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION				USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS								
Q.1		Q.2		Q.3		Q.4		Q.5		Q.6a		Q.6b
When												How Estimated
Time	A M	M M	What Called	With Whom	Line #	Name of Food/Drink		Complete Description		Quantity Consumed		
	1	2			101							
	1	2			102							
	1	2			103							
	1	2			104							
	1	2			105							
	1	2			106							
	1	2			107							
	1	2			108							
	1	2			109							
	1	2			110							
	1	2			111							
	1	2			112							
	1	2			113							
	1	2			114							
	1	2			115							
	1	2			116							
	1	2			117							
	1	2			118							
	1	2			119							
	1	2			120							

DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION			USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS						
Q.1		Q.2	Q.3		Q.4	Q.5		Q.6a	Q.6b
When									
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed	How Esti- mated
	1	2			121				
	1	2			122				
	1	2			123				
	1	2			124				
	1	2			125				
	1	2			126				
	1	2			127				
	1	2			128				
	1	2			129				
	1	2			130				
	1	2			131				
	1	2			132				
	1	2			133				
	1	2			134				
	1	2			135				
	1	2			136				
	1	2			137				
	1	2			138				
	1	2			139				
	1	2			140				

DAY 1 ANSWER SHEET

12. (SHOW CARD G) Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any: (CIRCLE NUMBER FOR EACH)

(READ)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks at meals or as snacks</u> Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods added to other foods at meals or snacks</u> Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted while preparing meals or cleaning up</u>	1	2
<u>Other items</u> (DESCRIBE)	1	2
FOR OFFICE USE ONLY		

TIME Q.12 ENDED: _____

AM	1
PM	2

13a. About how many fluid ounces of water did you drink yesterday from any source other than in coffee, tea, fruitade, and the like? (IF NONE, ENTER "0" AND GO TO Q.13c)

FLUID OUNCES

13b. How much of the water you drank yesterday was from your home supplies? Would you say:

None,	1
Some,	2
Most, or	3
All?	4

13c. About how many fluid ounces of water do you usually drink in a 24-hour period?

FLUID OUNCES

14a. Would you say the amount of food and drink you had yesterday was:

Less than usual,	1
(GO TO Q.15) Usual, or	2
More than usual for this day of the week?	3

14b. IF LESS OR MORE: Which one of the following reasons best describes why it was different? (CIRCLE ONE CODE)

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

15. In general, would you say the healthfulness of your diet is:

4 8

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

16a. What type of salt (do you/does NAME) usually add to (your/his/her) food at the table?
Do you use: (READ)

4 9

Ordinary salt,	1
Lite salt, or	2
Salt substitute?	3
(DO NOT READ AND SKIP TO Q.17a)	None
	4
	Don't know
	8

16b. How often (do you/does NAME) add (ANSWER IN Q.16a) to (your/his/her) food at the table? Is it rarely, occasionally or very often?

5 0

Rarely	1
Occasionally	2
Very often	3

17a. Are you on a special diet?

5 1

Yes	1
(GO TO Q.18)	2

17b. (HAND CARD H) What type of special diet are you on? Just tell me the numbers please. (CIRCLE CODE(S) IN Q.17b ROW BELOW)

17c. (HAND CARD I) (FOR EACH CODE CIRCLED IN Q.17b, ASK:) Which one of the sources on this card best explains why you are on a (ANSWER TO Q.17b) diet? Just tell me the number please. (CIRCLE SOURCE CODE FOR EACH DIET ASKED ABOUT)

Low Calorie/ Weight Loss	Low Fat/ Choles- terol	Low Salt/ Sodium	Low Sugar/ Sugar Free	Low Fiber	High Fiber	Diabetic	Other (SPECIFY)
1 5 2	2 5 3	3 5 4	4 5 5	5 5 6	6 5 7	7 5 8	0 5 9

Q.17b ____> (CIRCLE ALL THAT APPLY)	1	2	3	4	5	6	7	0
1 5 2	1 5 3	1 5 4	1 5 5	1 5 6	1 5 7	1 5 8	1 5 9	
Doctor, dietician, nurse prescribed	1	1	1	1	1	1	1	1
Organized diet program — Weight Watchers, Tops	2	2	2	2	2	2	2	2
Diet read or heard about	3	3	3	3	3	3	3	3
Made up the diet	4	4	4	4	4	4	4	4
Joined another person on their special diet	5	5	5	5	5	5	5	5
Some other source (SPECIFY)	0	0	0	0	0	0	0	0

6 0 6 1 6 2 6 3 6 4 6 5 6 6 6 7

- IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7, CONTINUE
- IF RESPONDENT IS NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

FAT USED IN PREPARATION?

9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes 2. No (GO TO Q.10)

9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

1. Olive oil
2. Corn, cottonseed, safflower or sunflower oil
3. Soybean oil or other vegetable oil (include nut oils)
4. Regular tub or liquid margarine
5. Regular stick margarine

6. Any diet margarine
7. Margarine blend
8. Butter
9. Animal shortening (meat/bacon drippings)
10. Vegetable shortening
11. Don't know/remember

SALT USED IN PREPARATION?

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

- o REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE
- o IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

WHERE OBTAINED/SERVICE?

11. Where did you get this food/beverage which was not from your home food supplies?

1. Restaurant with waiter/waitress service at a table or counter
2. Cafeteria or self-serve buffet restaurant
3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places)
4. School
5. Child-care center/Family day-care home
6. Community feeding program (include those for senior citizens, disabled, or needy persons)
7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)
8. Supermarket/grocery store/deli
9. Convenience store
10. Recreation/entertainment facility (e.g., movie theater, bowling alley, sport stadium, amusement park)
11. At someone else's home
12. Some other place (describe in Col. Q.11)

DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE

18.

Do you consider yourself to be a vegetarian?

Yes	1
No	2

23.

Do you take a fish oil supplement?

Yes	1
No	2

19.

How often, if at all, do you take any vitamin or mineral supplements by mouth, such as a pill or liquid? Would you say:

(CONTINUE)

(GO TO Q.23)

Every day, or almost every day,	1
Every so often, or	3
Not at all?	4

11

24.

Do you take a fiber supplement?

Yes	1
No	2

37

20. Do you usually take a:

(CIRCLE AS MANY AS APPLY)

Multivitamin,	1
Multivitamin with iron or other minerals,	2
Combination of Vitamin C and iron, or	3
Single vitamins/minerals?	4

12

13

14

15

25.

About how much do you weigh without shoes?

POUNDS
38~40

26.

Do you consider yourself to be overweight, underweight or about the right weight at the present time?

Overweight	1
Underweight	2
About right	3

41

IF CODE 4 CIRCLED, CONTINUE;
OTHERWISE, SKIP TO Q.23

21. (HAND CARD J) Which of these single vitamins and minerals do you usually take?

16~34

(CIRCLE AS MANY AS APPLY)

Vitamin A	01
Vitamin B/B complex	02
Vitamin C	03
Vitamin D	04
Vitamin E	05
Calcium	06
Folacin	07
Fluoride	08
Iron	09
Zinc	10
Selenium	11
Chromium	12
Something else (SPECIFY)	20

29.

Do you have any disability or handicap that limits your activities?

Yes	1
No	2

46

30.

Have you ever had your blood cholesterol checked?

Yes	1
No	2
Don't know	8

47

22. Were any of these vitamins or minerals that you usually take prescribed for you by a doctor or dentist?

35

Yes, all prescribed	1
No, none prescribed	2
Some prescribed, some not	3

31. Has a doctor ever told you that you have: (CIRCLE A NUMBER FOR EACH)

		Yes	No
Diabetes?	48	1	2
High blood pressure (hypertension)?	49	1	2
Heart disease?	50	1	2
Cancer?	51	1	2
Osteoporosis?	52	1	2
High blood cholesterol?	53	1	2
Stroke?	54	1	2
Food allergies that make it necessary to avoid certain foods? (DESCRIBE)			
	55	1	2

32. How would you describe the condition of your natural teeth? Would you say they are:

(GO TO Q.34)

(DO NOT READ)

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

33. Do you have dentures?

57

Yes	1
No	2

34. About how many hours did you watch TV yesterday?

58

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

35. About how many hours per day do you usually watch TV?

59

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

IF RESPONDENT IS UNDER 18 YEARS OF AGE, THIS RECORD IS COMPLETED; SKIP TO Q.43
IF RESPONDENT IS 18 YEARS OF AGE OR OLDER, CONTINUE

36. Think now about how you usually spend your leisure time, that is, other than at your job or doing housework. Would you say your usual level of physical activity is:

(READ UNDERLINED WORDS)

60

Heavy/Rigorous (running, playing tennis, swimming, doing heavy gardening, etc., three or more times per week),	1
Moderate (doing rigorous activities one or two times per week or doing steady walking, or other moderate activities three or more times per week), or	2
Light (playing golf, taking a stroll or doing nonrigorous activities occasionally)?	3
(GO TO Q.38) Bedridden	4

37. Compared with most people your age and sex, would you say that you are:

More active,	1
Less active, or	2
About the same?	3
(DO NOT READ) Don't know	8

38. Have you smoked 100 or more cigarettes during your entire life?

62

Yes	1
(GO TO Q.42) No	2

39. Do you smoke cigarettes now?

63

Yes	1
(GO TO Q.41) No	2

40. On average, how many cigarettes per day do you smoke?

GO TO Q.42

64~66 PER DAY

41. How long has it been since you smoked cigarettes regularly? # 67~68 YEARS

Less than one year	00
Never smoked regularly	98

42. During the past three months, have you consumed any:

	Yes	No
Beer?	1	2
Wine?	1	2
Hard liquor?	1	2

INTERVIEWER COMMENTS

43. IF INTAKE IS FOR CHILD UNDER 12 YEARS OF AGE

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp. Col. a 10	Others Col. b
Child's mother	1	1 11
Child's father	2	2 12
Child's sister	3	3 13
Child's brother	4	4 14
Child's grandparent	5	5 15
Child	6	6 16
Other person (DESCRIBE)	0	0 17

44. IF INTAKE IS FOR PERSON 12 YEARS OF AGE OR OLDER

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp. Col. a 18	Others Col. b
Sample person	1	1 19
Mother	2	2 20
Father	3	3 21
Sister	4	4 22
Brother	5	5 23
Grandparent	6	6 24
Spouse	7	7 25
Other person (DESCRIBE)	0	0 26

45.

Were the descriptions of foods/beverages consumed yesterday difficult for the respondent to answer?

27

(GO TO Q.47)

Yes	1
No	2

46. What were the reasons for this difficulty?

47.

Were the amounts of foods/beverages consumed yesterday difficult for the respondent to answer?

28

(GO TO NEXT INTAKE RECORD)

Yes	1
No	2

48. What were the reasons for this difficulty?

GO TO NEXT INTAKE RECORD

OFFICE USE ONLY

CODER ID:

29~31		

aTX360
U6N385
1991



1~5

Segment #:

--	--	--	--	--	--	--

8~15

Housing Unit #:

--	--	--

16~18

Person line #:

--	--

19~20

Interviewer #:

--	--	--

21~24

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS — 1991
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY TWO AND DAY THREE

This record is for: _____
PERSON'S FIRST NAME

DAY TWO is from 12:00 AM to 11:59 PM today. That date is:

25

(CIRCLE
NUMBER
FOR
DAY
OF
WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

--	--

--	--

1	9	9	
---	---	---	--

MONTH
26~27

DAY
28~29

YEAR
30~31

DAY THREE is from 12:00 AM to 11:59 PM tomorrow. That date is:

32

(CIRCLE
NUMBER
FOR
DAY
OF
WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

--	--

--	--

1	9	9	
---	---	---	--

MONTH
33~34

DAY
35~36

YEAR
37~38

Your cooperation is entirely voluntary. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. This survey is authorized by law (National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178).

All information will be kept confidential and will be reported as statistics only.

INTERVIEWER USE ONLY		CHECK BOX IF LEFT	
Time Began: _____	AM 39~42	1	43
39~42	PM 43~44	2	

This record will be picked up on:		
	/	at _____
DAY		

DAY TWO

INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARE
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 17 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had beginning after 12:00 AM midnight on this day.

WHEN?

1. Starting with the (first/next) time you ate or drank something on this day, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

WHAT CALLED?

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast	4. Dinner	6. Snack/beverage break/happy hour
2. Brunch	5. Supper	7. Infant feeding
3. Lunch		0. Something else (DESCRIBE IN COL. Q.2)

WITH WHOM?

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone
2. With other household member(s)
3. With nonhousehold member(s)
4. With both household and nonhousehold members

WHAT FOODS/DRINKS?

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)

5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET)

QUANTITY CONSUMED?

6. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6. USE MEASURING UTENSILS AND FOOD INSTRUCTION BOOKLET)

FOOD SOURCE?

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home
2. Brought into your home, but later eaten away from home
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From a fast-food/carryout place
2. From Meals on Wheels
3. From some other place

DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM				USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS					
Q.1		Q.2		Q.3		Q.4	Q.5		Q.6
When									
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description		Quantity Consumed
	1	2			201				
	1	2			202				
	1	2			203				
	1	2			204				
	1	2			205				
	1	2			206				
	1	2			207				
	1	2			208				
	1	2			209				
	1	2			210				
	1	2			211				
	1	2			212				
	1	2			213				
	1	2			214				
	1	2			215				
	1	2			216				
	1	2			217				
	1	2			218				
	1	2			219				
	1	2			220				

DAY 2 ANSWER SHEET

DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION
IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM.
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3		Q.4		Q.5		Q.6
When											
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description			Quantity Consumed	
	1	2			221						
	1	2			222						
	1	2			223						
	1	2			224						
	1	2			225						
	1	2			226						
	1	2			227						
	1	2			228						
	1	2			229						
	1	2			230						
	1	2			231						
	1	2			232						
	1	2			233						
	1	2			234						
	1	2			235						
	1	2			236						
	1	2			237						
	1	2			238						
	1	2			239						
	1	2			240						

DAY 2 ANSWER SHEET

DAY 2

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any? (CIRCLE NUMBER FOR EACH)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks</u> at meals or as snacks Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted</u> while preparing meals or cleaning up	1	2
<u>Other items</u> (DESCRIBE)	1	2

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

15. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

DAY THREE

DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH
OCCASION
IF 12 NOON, CIRCLE
PM

USE A NEW LINE FOR EACH ITEM.
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2	Q.3		Q.4		Q.5	Q.6
Time	When					Name of Food/Drink	Complete Description		Quantity Consumed
	A.M.	P.M.	What Called	With Whom	Line #				
	1	2			301				
	1	2			302				
	1	2			303				
	1	2			304				
	1	2			305				
	1	2			306				
	1	2			307				
	1	2			308				
	1	2			309				
	1	2			310				
	1	2			311				
	1	2			312				
	1	2			313				
	1	2			314				
	1	2			315				
	1	2			316				
	1	2			317				
	1	2			318				
	1	2			319				
	1	2			320				

DAY 3 ANSWER SHEET

DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION
IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM.
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3		Q.4		Q.5		Q.6
When											
Time	A	P	What	With	Line	#	Name of Food/Drink		Complete Description		Quantity Consumed
	1	2	Called	Whom							
	1	2				321					
	1	2				322					
	1	2				323					
	1	2				324					
	1	2				325					
	1	2				326					
	1	2				327					
	1	2				328					
	1	2				329					
	1	2				330					
	1	2				331					
	1	2				332					
	1	2				333					
	1	2				334					
	1	2				335					
	1	2				336					
	1	2				337					
	1	2				338					
	1	2				339					
	1	2				340					

DAY 3 ANSWER SHEET

- IF YOU ARE THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7 CONTINUE
- IF YOU ARE NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

FAT USED IN PREPARATION?

9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes 2. No (GO TO Q.10)

9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

1. Olive oil	6. Any diet margarine
2. Corn, cottonseed, safflower or sunflower oil	7. Margarine blend
3. Soybean oil or other vegetable oil (include nut oils)	8. Butter
4. Regular tub or liquid margarine	9. Animal shortening (meat/bacon drippings)
5. Regular stick margarine	10. Vegetable shortening
	11. Don't know/remember

SALT USED IN PREPARATION?

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

- REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE
- IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

WHERE OBTAINED/SERVICE?

11. Where did you get this food/beverage which was not from your home food supplies?

1. Restaurant with waiter/waitress service at a table or counter
2. Cafeteria or self-serve buffet restaurant
3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places)
4. School
5. Day-care center or summer day camp
6. Community feeding program (include those for senior citizens, disabled or needy persons)
7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)
8. Supermarket/grocery store/deli
9. Convenience store
10. Recreation/entertainment facility (e.g., movie theater, bowling alley, sport stadium, amusement park)
11. At someone else's home
12. Some other place (describe in Col. Q.11)

DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE

DAY 3

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any? (CIRCLE NUMBER FOR EACH)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks at meals or as snacks</u> Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted while preparing meals or cleaning up</u>	1	2
<u>Other items</u> (DESCRIBE)	1	2

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

15. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

FOODS/BEVERAGES	16. During the past three months did you consume:		17. FOR EACH ITEM CONSUMED: During the past three months, how many times did you consume this, on average, each day, week or month?	18. How much did you consume on average each time?
	Yes	No	RECORD ANSWER IN ONLY ONE BOX FOR EACH FOOD	
1. Milk as a beverage or a drink made with milk...	1 10	2	23~24 <input type="checkbox"/> OR 25~26 <input type="checkbox"/> OR 27~28 <input type="checkbox"/> DAY 33~34	29~32 Cup(s)
2. Milk on cereal.....	1 11	2	DAY 33~34 <input type="checkbox"/> OR WEEK 35~36 <input type="checkbox"/> OR MONTH 37~38 <input type="checkbox"/>	39~42 Cup(s)
3. Milk in coffee, tea, other.....	1 12	2	DAY 43~44 <input type="checkbox"/> OR WEEK 45~46 <input type="checkbox"/> OR MONTH 47~48 <input type="checkbox"/> DAY 53~54 <input type="checkbox"/> OR WEEK 55~56 <input type="checkbox"/> OR MONTH 57~58 <input type="checkbox"/>	49~52 Cup(s)
4. Poultry (chicken, turkey, duck, etc.).....	1 13	2	DAY 59~60 <input type="checkbox"/> OR WEEK 61~62 <input type="checkbox"/> OR MONTH 63~64 <input type="checkbox"/> DAY 65~66 <input type="checkbox"/> OR WEEK 67~68 <input type="checkbox"/> OR MONTH 69~70 <input type="checkbox"/>	
5. Red meat (beef, pork, lamb).....	1 14	2	DAY 71~72 <input type="checkbox"/> OR WEEK 73~74 <input type="checkbox"/> OR MONTH 75~76 <input type="checkbox"/> DAY 77~78 <input type="checkbox"/> OR WEEK 79~80 <input type="checkbox"/> OR MONTH 81~82 <input type="checkbox"/>	
6. Fish and shellfish (exclude canned products)	1 15	2	DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	
7. Citrus fruit only (oranges, grapefruit, etc.; include raw, canned and frozen products).....	1 16	2	DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	
8. Citrus fruit juices.....	1 17	2	DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	
9. All other fruit only (bananas, berries, apples, grapes, etc.; include raw, canned and frozen products).....	1 18	2	DAY 83~84 <input type="checkbox"/> OR WEEK 85~86 <input type="checkbox"/> OR MONTH 87~88 <input type="checkbox"/> DAY 11~12 <input type="checkbox"/> OR WEEK 13~14 <input type="checkbox"/> OR MONTH 15~16 <input type="checkbox"/>	END CARD 13 DUP 1~5 CARD 14 6~7
10. All other fruit juices...	1 19	2	DAY 18~19 <input type="checkbox"/> OR WEEK 20~21 <input type="checkbox"/> OR MONTH 22~23 <input type="checkbox"/> DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	
11. Raw vegetables (include raw vegetables in salads)	1 20	2	DAY 25~26 <input type="checkbox"/> OR WEEK 27~28 <input type="checkbox"/> OR MONTH 29~30 <input type="checkbox"/> DAY 32~33 <input type="checkbox"/> OR WEEK 34~35 <input type="checkbox"/> OR MONTH 36~37 <input type="checkbox"/>	
12. Cooked vegetables (exclude white and sweet potatoes).....	1 21	2	DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	
13. Eggs	1 22	2	DAY <input type="checkbox"/> OR WEEK <input type="checkbox"/> OR MONTH <input type="checkbox"/>	

THANK YOU FOR YOUR COOPERATION

OFFICE USE ONLY

CODER ID:

38~39

